U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2836	2. Fiscal Year Covered From:
	01/01/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name KOBBRT H. GROW	Name MASTERS MATES PLEAS
	Labor Organization File Number 000-162
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 546 EAST HENAB KOAD	Street TOO MALITIAL BLUD SUITE A
City YOMPAND BEACH	City LINTHICON HAIGHTS
State 7-040A ZIP Code + 4 33060-	9354 State MANUAND ZIP Code + 4 21090-09
(except as specified in the	ur spouse or minor child directly or indirectly had any of the following interests e exclusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) wi monetary value from an employer whose employees your organ	nization represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
- " " " " " " " " " " " " " " " " " " "	7.b. Amount.
Street	
City	The state of the s
and the second s	and the state of t
State ZIP Code + 4	
State ZIP Code + 4	Signature
15, Signature and verification. The undersigned declares, under pen	Signature alty of Perjury and other applicable penalties of the law, that all of the information impanying documents), has been examined by the signatory and is, to the best of the
15. Signature and verification. The undersigned declares, under pensubmitted in this report (including the information contained in any acco	Signature alty of Perjury and other applicable penalties of the law, that all of the information impanying documents), has been examined by the signatory and is, to the best of the
15. Signature and verification. The undersigned declares, under pensubmitted in this report (including the information contained in any accoundersigned's knowledge and belief, true, correct, and complete. (See	Signature alty of Perjury and other applicable penalties of the law, that all of the information impanying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Cobbet H GROH	File Number U- 2836
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business ely seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name MASTERS, HARES IPINOT BENITT RAN Trade Name, if any: P.O. Box, Bidg., Room No., if any Street TOO MANITTHE BUYD SUITE A City HNTHEOUM HEIGHTS State MARYLAND ZIP Code + 4 21090-1944	9. Business deals with:
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Regult Great VP TRUSTILE Trade Name, if any: P.O. Box, Bldg., Room No., if any Sorte B Street SYD EAST HENAS ROAD City PAPARO BARCH State FLORIDA ZIP Code + 4 33060 - 1354	11.a. Nature of such dealing. I AM A TRUSTEE & PARTCUPANT IN THE TRUST / PHANS LISTED IN #8 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBRISHMUT OF TRUST MEATING EXPENSES JAN/FEB 2004 12.b. Amount.
C. Received from any employer (other than an employer covered under	er parts A and B above)
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant ?	The Autonit of Payment.

Name of Person Filing College + H GROH	File Number U- 2836
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwist of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly dealing with your labor organization or with a trust in which your labor organization.	ise dealing with the business by seeking to represent, or ectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name MASTERS, MARKS PLANT BANGET RANGE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street TOO MAINTIME BLVD SUITE A City HNTHCUM HEIGHTS State MARYLAND ZIP Code + 4 21090-1944	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Rebelt Great VP TRUSTEE Trade Name, if any: P.O. Box, Bidg., Room No., if any Surite B Street STD EAST MENAS ROAD City BHPARD BARCH State FLORIDA ZIP Code + 4 33060 - 938	11.a. Nature of such dealing. I AM A TRUSTELS PROSTELPHAT (NTHE TRUST PANS LISTED IN #8. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. EXPENSES IN ATTENDING I.F. E.B.P. CONFERENCE APRIMAY 200 4.
	12.b. Amount. 92067
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Cobbet H GROH	File Number U- 2836
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	ise dealing with the business aly seeking to represent, or rectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name MASTELS, HARES PILOT BENITT RAN Trade Name, if any: P.O. Box, Bldg., Room No., if any Street TOO HARITIHE BLVD SUITE A City HNTHCUH HEIGHTS State MARYLAND ZIP Code + 4 21090-1944	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Reflect Greath, VP TRUSTER Trade Name, if any: P.O. Box, Bldg., Room No., if any SUTTE B Street SYD EAST HENAB ROAD City BEHLAD BEACH State FLORIDA ZIP Code + 4 83060 - 1331	11.a. Nature of such dealing. I AM A TRUSTLE & BATICIPANT IN THE TRUST/PLANS LISTED IN #8. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REIMBRISHMENT OF TRUST HELTING EXPENSES ANG/SENT 2004 12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.

Name of Person Filling Confident It (all It	File Number U- 2009	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name MASTERS, MASTERS IPINOT BENITT RANS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street JOO MANTIHE BLVD SUITE A	a. Labor Organization b. Trust c. Employer	
State MARYLAND ZIP Code + 4 21090-1948		
Name Report GROH, VP TRUSTIL	I AM A TRUSTEE & PARTICIPANT IN THE TRUST/PLANS LISTED #8	
Street 5% EAST HENAS ROAD	11.b. Approximate dollar value of such dealing. 12.a. Nature of Interest held or income received.	
State FLORIDA ZIP Code + 4 83060 - 1354	FOR ATTENDING TRUST HEESTING OUT 2004	
C. Received from any employer (other than an employer covered unde	r parts A and B above)	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	or other thing of value. 14.a. Nature of payment.	
Name Trade Name, If any:		
P.O. Box, Bidg., Room No., If any		
Street		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing Confident H GROH	File Number U-
B. Held an interest in or derived income or economic benefit with monetary valus substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or indideating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name: MASTERS, PHARS IPHOT BENETICAL Trade Name, if any:	9. Business deals with: a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., If any Street TOO HARITIME BLVD SUITE A City HNTHICUM HEIGHTS State HARNLAND ZIP Code + 4 2/090-1941	c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Rebelt Greath, VP TRUSTER	11.a. Nature of such dealing. I ANA TRUSTER & BRITTEI APAT
Trade Name, if any: P.O. Box, Bldg., Room No., if any SUTTE B Street 540 EAST MENAS ROAD City BANARO BRACK State FLORIDA ZIP Code + 4 83060 - 135	IN THE TRUST / PLANS LISTED IN #5. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. IFEBP MEMBERSHP
·	12.b. Amount.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
19:a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any	
Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.